Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

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Audited	
Checked	
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:		
DHS Cherokee Mental Health Name of Department or Office 1251 West Codar Loop Malling Address 712 225 2594	Institute Cherokeo, IA 51012 ale, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:		
Katelyn Mathany		
Mailing Address (If different from above)  KMOTHEN & CINS. State. IA. US  Email Address	City, State, Zip (if different from above)  Area Code & Telephone Number (if different from above)	
DONOR OF GIFT OR BEQUEST:		
Anonymous	\$ 70.00	
Malling Address City, State, Zip Code  Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*  *value is defined as "fair market value" of Item as determined by	
Email Address (optional)	receiving department or office. If no value mark "0.00".	
Provide a description of the gift or bequest and purpose thereof:		
one bag of used mens clothing.		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.		

Statement of Affirmation:

Definition that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and value (if applicable) is correct and frue to the best of my knowledge.